



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

*375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806*

*Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi*

HOME OWNER'S WARM AIR / VENTILATION AFFIDAVIT

The undersigned certifies that he/she is the homesteader and occupant of the single family dwelling unit at _____ in Saint Paul and shall personally purchase all material and perform all labor in connection with the attached permit to do Warm Air and / or Ventilation work.

Signed _____ Date _____